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CONFIRMATION NO. 9126

SERIAL NUMBER 09/916,032	FILING OR 371(c) DATE 07/26/2001 RULE	CLASS 435	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 074066-0100
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/771,221 01/26/2001 ABN
 which claims benefit of 60/178,157 01/26/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 08/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

30542

TITLE

Hypertonic reduction of chilling injury

FILING FEE RECEIVED 609	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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